

FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

Reset Form

FORM

DR-2

(Rev. 07/2003)

DISCLOSURE  
REPORT

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS ACTING FOR RESPONSIBLE EDUCATION

IMPORTANT: Indicate type of committee you are reporting for: 6

- (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate  
 (5) County PAC (6) Ballot Issue/Proprietary Committee (7) County/City Central Committee  
 (8) Support State of Candidates

## CANDIDATE COMMITTEES ONLY:

Candidate Name

SEP - 8 2005

Political Party

Office Sought

District (if Senate or House)

For Office Use Only

Comm. # 21257Logged In pmScanned pmComputer pmAudited pm

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE

DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

## SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A SEPT. 8 - 2005 REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR.  
(report date)Indicate one ☒☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

SEPT-13-2005County & Local Committees, enter County in  
which Election is heldTOTTAWATTAMIE

## STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held  
by the committee. This amount MUST be the same as the cash on hand at the end  
of the last reporting period, or must be zero if this is first report filed.) \$ 166.11

## ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) \$ 6124.00Schedule F: Loans Received total (Attach Schedule F) \$ ~~6244.00~~Schedule H: Total Sales of Campaign Property (Attach Schedule H) \$ 6290.11

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL .... \$ ~~6444.11~~

## SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below) \$ 3733.95Schedule F: Loan Repayments total (Attach Schedule F) \$         CASH ON HAND at the end of this reporting period (If final report, balance must  
be zero) (Attach DR-3) \$ 2556.16\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) \$         \*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 117.00\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$         

## CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) ☒ YES ☐ NOVALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME (Must be same as on Statement of Organization)**CITIZENS ACTING FOR RESPONSIBLE EDUCATION

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
6/30/05	ID# CK# NA	MRS FRANKLIN PAUL 3015 YALE AVE PERSIA, IA 51563	NA	\$ 100 <sup>00</sup>	<input type="checkbox"/>
6/30/05	ID# CK# NA	DOUGLAS ROBINSON 502 ELMWOOD RD SHELBY, IA 51570	NA	50 <sup>00</sup>	<input type="checkbox"/>
7/1/05	ID# CK# NA	CATHERINE M THOMS PO BOX 216 SHELBY, IA 51570	NA	50 <sup>00</sup>	<input type="checkbox"/>
7/1/05	ID# CK# NA	JOHN F DEA 806 CENTER ST. SHELBY, IA 51570	NA	100 <sup>00</sup>	<input type="checkbox"/>
7/1/05	ID# CK# NA	LUGENE BEARENS Box 167 SHELBY, IA 51570	NA	50 <sup>00</sup>	<input type="checkbox"/>
7/1/05	ID# CK# NA	KENNETH BERG 200 DAUENPORT ST SHELBY, IA 51570	NA	50 <sup>00</sup>	<input type="checkbox"/>
7/1/05	ID# CK# NA	BETTY WEDE-BERG 200 DAUENPORT ST SHELBY, IA 51570	NA	100 <sup>00</sup>	<input type="checkbox"/>
7/14/05	ID# CK# NA	ROGER HEILIG PO Box 1 SHELBY, IA 51570	NA	50 <sup>00</sup>	<input type="checkbox"/>
7/15/05	ID# CK# NA	H DAVID GIBSON 3045 COUNTRY CLUB PKY HARLAN, IA 51537	NA	200 <sup>00</sup>	<input type="checkbox"/>
7/15/05	ID# CK# NA	DOROTHY VOLKENS 514 ST. F66 SHELBY, IA 51570	NA	100 <sup>00</sup>	<input type="checkbox"/>
SUB-TOTAL				\$850 <sup>00</sup>	
TOTAL (If last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 5  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME (Must be same as on Statement of Organization)**CITIZENS ACTING FOR RESPONSIBLE EDUCATION

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
7/17/05	ID# CK# NA	DARLENE ARP Box 53 SHELBY, IA 51570	NA	\$ 20 <sup>00</sup>	<input type="checkbox"/>
7/18/05	ID# CK# NA	MRS. RALPH EGGERS 226 RD M16 SHELBY, IA 51570	NA	200 <sup>00</sup>	<input type="checkbox"/>
7/17/05	ID# CK# NA	WYONNE KNUDSON 602 WEST ST. SHELBY, IA 51570	NA	200 <sup>00</sup>	<input type="checkbox"/>
7/18/05	ID# CK# NA	PHYLLIS ROBINSON Box 41 SHELBY, IA 51570	NA	25 <sup>00</sup>	<input type="checkbox"/>
7/19/05	ID# CK# NA	ALLAN SHILL 242 HAZEL RD SHELBY, IA 51570	NA	50 <sup>00</sup>	<input type="checkbox"/>
7/20/05	ID# CK# NA	DONATIONS UNDER \$25 <sup>00</sup>	NA	60 <sup>00</sup>	<input type="checkbox"/>
7/20/05	ID# CK# NA	CURTIS COONEY 15 MAPLEWOOD CT. SHELBY, IA 51570	NA	20 <sup>00</sup>	<input type="checkbox"/>
7/20/05	ID# CK# NA	DENISE TUEL 123 GINGKORD SHELBY, IA 51570	NA	50 <sup>00</sup>	<input type="checkbox"/>
7/20/05	ID# CK# NA	DEAN LUXFORD Box 274 SHELBY, IA 51570	NA	20 <sup>00</sup>	<input type="checkbox"/>
7/18/05	ID# CK# NA	MICHAEL HATCH (DIANE) PO. Box 229 RIO FRIO, TX 78879-0229	NA	400 <sup>00</sup>	<input type="checkbox"/>
SUB-TOTAL				\$ 1045 <sup>00</sup>	
TOTAL (If last page of this schedule)				\$	

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Page 2 of 5  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY  
RECEIPTSCHECK THIS BOX IF  
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
7/22/05	ID# CK# NA	LAWRENCE DITTMER P.O. Box 276 SHELBY, IA 51570	NA	\$ 200 <sup>00</sup>	<input type="checkbox"/>
7/25/05	ID# CK# NA	DONATIONS UNDER \$25 <sup>00</sup>	NA	30 <sup>00</sup>	<input type="checkbox"/>
7/26/05	ID# CK# NA	RICHARD MATTOX 503 EASTERN AVE. SHELBY, IA 51570	NA	100 <sup>00</sup>	<input type="checkbox"/>
7/27/05	ID# CK# NA	MRS. JOHN BARRETT 795 N. K58 SHELBY, IA 51570	NA	25 <sup>00</sup>	<input type="checkbox"/>
7/27/05	ID# CK# NA	BETTE GRAYBILL 412 RD M16 SHELBY, IA 51570	NA	150 <sup>00</sup>	<input type="checkbox"/>
7/28/05	ID# CK# NA	DONATION UNDER \$25 <sup>00</sup>	NA	20 <sup>00</sup>	<input type="checkbox"/>
7/28/05	ID# CK# NA	PEG MCCOOL 4072 - 325th St SHELBY, IA 51570	NA	200 <sup>00</sup>	<input type="checkbox"/>
7/28/05	ID# CK# NA	HELEN MCKNABB 435 - 300th St SHELBY, IA 51570	NA	100 <sup>00</sup>	<input type="checkbox"/>
7/29/05	ID# CK# NA	PAUL PETERSON 38653 TEAKWOOD RD SHELBY, IA 51570	NA	200 <sup>00</sup>	<input type="checkbox"/>
7/29/05	ID# CK# NA	ROBERT BUCK 700 WEST ST. SHELBY, IA 51570	NA	50 <sup>00</sup>	<input type="checkbox"/>
SUB-TOTAL				\$ 1075 <sup>00</sup>	
TOTAL (if last page of this schedule)				\$	

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Page 3 of 5  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)CITIZENS ACTING FOR RESPONSIBLE EDUCATION

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
7/30/05	ID# CK# NA	EMMA MCLAUGHLIN 618 ST. F 58 SHELBY, IA 51570	NA	\$ 20.00	<input type="checkbox"/>
7/30/05	ID# CK# NA	DONATION UNDER \$ 25.00	NA	20.00	<input type="checkbox"/>
7/30/05	ID# CK# NA	DONATION UNDER \$ 25.00	NA	20.00	<input type="checkbox"/>
7/31/05	ID# CK# NA	BERNIECE EHLERS 533 RD M16 - Box 301 SHELBY, IA 51570	NA	100.00	<input type="checkbox"/>
8/1/05	ID# CK# NA	BONNIE M EGGERS 300 BORDER ST SHELBY, IA 51570	NA	100.00	<input type="checkbox"/>
8/2/05	ID# CK# NA	DONATION \$25 OR UNDER	NA	50.00	<input type="checkbox"/>
8/2/05	ID# CK# NA	DONALD BLADT 614-300th St. SHELBY, IA 51570	NA	200.00	<input type="checkbox"/>
8/5/05	ID# CK# NA	DONATIONS \$25 OR UNDER	NA	40.00	<input type="checkbox"/>
8/8/05	ID# CK# NA	DONATION - \$25 OR UNDER	NA	20.00	<input type="checkbox"/>
8/10/05	ID# CK# NA	DONATIONS - \$25 OR UNDER	NA	50.00	<input type="checkbox"/>

SUB-TOTAL

\$ 800.00

TOTAL (if last page of this schedule)

\$

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 Page 4 of 5  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)CITIZENS ACTING FOR RESPONSIBLE EDUCATION

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any other purpose not intended by the Iowa Ethics and Campaign Disclosure Board.

DATE	PAC ID NUMBER (If applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP (If applicable)	AMOUNT	IF FOR CANDIDATE INCOME
8/15/05	NA	DONATIONS OF \$25 or LESS	NA	95 <sup>00</sup>	<input type="checkbox"/>
8/15/05	NA	ROB PAUL URBANDALE, IA 50322	NA	50 <sup>00</sup>	<input type="checkbox"/>
8/19/05	ID# CK# NA	JEFF CHRISTENSEN AVOCA, IA 51521	NA	200 <sup>00</sup>	<input type="checkbox"/>
8/29/05	ID# CK# NA	JOHN DEA SHELBY, IA 51570	NA	1619 <sup>00</sup>	<input type="checkbox"/>
8/30/05	ID# CK# NA	BEVERLY DEA SHELBY, IA 51570	NA	100 <sup>00</sup>	<input type="checkbox"/>
9/1/05	ID# CK# NA	JOYCE RHNER SHELBY, IA 51570	NA	50 <sup>00</sup>	<input type="checkbox"/>
* 8/30/05	ID# CK# NA	MAIL HOUSE INC SIOUX CITY, IA 51102 (REFUND)	NA	160 <sup>00</sup>	<input type="checkbox"/>
8/31/05	ID# CK# NA	DOUG ROBINSON SHELBY, IA 51570	NA	80 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$2354 <sup>00</sup>	<input checked="" type="checkbox"/>
TOTAL (if last page of this schedule)				\$1624 <sup>00</sup>	<input checked="" type="checkbox"/>

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Page 5 of 5  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT****SCHEDULE****B**

(Rev. 07/03)

**MONETARY****EXPENDITURES**CHECK THIS BOX IF  
AMENDING FORM

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS ACTING FOR RESPONSIBLE EDUCATION

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/2/05	ID# CK# NA	DORR CONSULTING P.O. Box 188 OCHEYEDAN, IA 51354	RETAINER	\$ 500 <sup>00</sup>
7/6/05	ID# CK# NA	SEC. OF STATE DES MOINES, IA 50319	VOTERS LIST	11 <sup>80</sup>
7/12/05	ID# CK# NA	LUTHERAN CHURCH SHELBY, IA 51570	PRINT LETTERS	10 <sup>00</sup>
7/22/05	ID# CK# NA	POST OFFICE SHELBY, IA 51570	BOOK STAMPS	7 <sup>40</sup>
7/24/05	ID# CK# NA	DORR CONSULTING P.O. Box 188 OCHEYEDAN, IA 51354	CONSULTING FEE	1000 <sup>00</sup>
8/10/05	ID# CK# NA	DORR CONSULTING OCHEYEDAN, IA 51354	CONSULTING FEE	1500 <sup>00</sup>
8/11/05	ID# CK# NA	MAIL HOUSE, INC. SIOUX CITY, IA 51102	POSTAGE FOR CARDS	160 <sup>00</sup>
9/1/05	ID# CK# NA	HARLAN PAPER HARLAN, IA 51537	AD	222 <sup>75</sup>
SUB-TOTAL				\$ 3411 <sup>95</sup>
TOTAL (if last page of this schedule)				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE

**B**

(Rev. 07/03)

MONETARY

EXPENDITURES

CHECK THIS BOX IF  
AMENDING FORM

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS ACTING FOR RESPONSIBLE EDUCATION

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/6/05	ID# CK# NA	GAZETTE NEOLA, IA 51559	AD IN PAPER	\$ 132 <sup>00</sup>
9/6/05	ID# CK# NA	JOURNAL HERALD AVOCA, IA 51521	AD IN PAPER	190 <sup>00</sup>
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL

\$ 322<sup>00</sup>

TOTAL (if last page of this schedule)

\$ 200<sup>00</sup>

12733.95

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

Page 2 of 2

(for Schedule B)



FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE <b>E</b> (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS ACTING FOR RESPONSIBLE EDUCATION

Reset Form

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
7/11/05	MILLIE LESCH 301 DAUENPORT ST. SHELBY, TA 51570	NA	STAMPS + ENVELOPES	\$ 39 <sup>00</sup>	<input type="checkbox"/>
7/11/05	LA GENE BEARENS 300 PLATFAW ST. SHELBY, TA 51570	NA	STAMPS + ENVELOPES	\$ 39 <sup>00</sup>	<input type="checkbox"/>
7/11/05	BETTY BERG 200 DAUENPORT ST SHELBY, TA 51570	NA	STAMPS + ENVELOPES	\$ 39 <sup>00</sup>	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 117<sup>00</sup>

TOTAL (if last  
page of this  
schedule) \$ 117<sup>00</sup>

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)

SCHEDULE <b>G</b> (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS ACTING FOR RESPONSIBLE EDUCATION

## PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant <u>PAUL DORR</u>		
Mailing Address <u>P.O. Box 188</u>		
City <u>OCHEYEDAN</u>	State <u>IA</u>	Zip Code <u>51353</u>

CONTRACT PERIOD (MM/DD/YR)

TOTAL ANTICIPATED  
COMPENSATION FOR  
PERFORMANCE

From <u>7-2-05</u>	<u>\$3000<sup>00</sup></u>
To <u>9-13-05</u>	

## ESTIMATES OF PERFORMANCE


## PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
<u>7/2/05</u>	<u>PAUL DORR</u> <u>P.O. Box 188</u> <u>Ocheyedan IA</u>		\$

SUB-TOTAL

\$

TOTAL (If last page of this schedule)

\$

Page 1 of 1  
(for Schedule G)